

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90094 030 \*\*\*\*50.00

**DOCUMENT # L01000016525**

1. Entity Name

**GLORIA WEISS REALTY, L.L.C.**

Principal Place of Business

10591 BEXLEY BLVD.  
 BOCA RATON FL 33428

Mailing Address

10591 BEXLEY BLVD.  
 BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1140594**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, GLORIA**  
**10591 BEXLEY BLVD.**  
**BOCA RATON FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Pres.** ☐ Delete  
 NAME **Gloria Weiss**  
 STREET ADDRESS **10591 Bexley Blvd.**  
 CITY-ST-ZIP **Boca Raton FL 33428**

TITLE ☐ Delete  
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: GLORIA WEISS**

**2/27/02 (S61) 983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)